

## **CSC Thrift Shop Volunteer Agreement**

I desire to volunteer my time and/or services to the CSC Thrift Shop at Fort Benning, Georgia.

I have received a copy of the Thrift Shop Volunteer Job Descriptions and the CSC Thrift Shop Volunteer Handbook. I have read and understood the policies and information contained within these documents and agree to abide by these terms and policies during my volunteer term.

I hereby release the CSC Thrift Shop and Community Spouses' Club of Fort Benning, Georgia from any liabilities or claims arising from my volunteer services to include but not limited to personal injury, illness, death, and personal property loss or damage.

### **Emergency Contact Information**

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Photography/Video Consent**

The CSC Thrift Shop and Community Spouses' Club of Fort Benning, Georgia takes photographs or video recordings of Volunteers in action during the normal day to day activities of the Thrift Shop. These Photographs/Video may be used on the website, in newsletters, and other publications. Please select your choice below:

I give the CSC Thrift Shop and Community Spouses' Club of Fort Benning, GA permission to use my photograph/video as stated above.

I DO NOT give the CSC Thrift Shop and Community Spouses' Club of Fort Benning, GA permission to use my photograph/video as stated above.

### **Volunteer Information (*Please print*)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Volunteer Position: \_\_\_\_\_

\_\_\_\_\_  
*Volunteer Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Thrift Shop Manager*

\_\_\_\_\_  
*Date*